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| ASTRUCTIONS: The appropriate. All fundamental de l'Astronomica de l'astron | form should be used to<br>correspondence including<br>a below or directed off<br>tions.                                                                                                                                                                                                                                           | or transmitting the ISSU ag the Patent, advance or nerwise in Block 1, by (a | JE FEE and PUBLIC<br>rders and notification<br>() specifying a new c                                                                                                                       | CATIO<br>of ma<br>correspo | N FEE (if requi<br>intenance fees w<br>ondence address;                                                                                                                                                                                                                                                                                                 | red). Bl<br>vill be m<br>and/or | ocks 1 through 5 sho<br>tailed to the current c<br>(b) indicating a separa | ould be completed wher<br>orrespondence address a<br>are "FEE ADDRESS" fo |  |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  45209 7590 09/01/2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                                                                                                                                            |                            | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                                                           |                                 |                                                                            |                                                                           |  |
| INTEL/BLAKELY<br>12400 WILSHIRE BOULEVARD, SEVENTH FLOOR<br>LOS ANGELES, CA 90025-1030                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                                                                                                                                            |                            | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimilar transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                 |                                                                            |                                                                           |  |
| 2/07/2006 EFLORES1 00000027 10035574                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                                                                                                                                            |                            | In Chuna // (Depositor's name)                                                                                                                                                                                                                                                                                                                          |                                 |                                                                            |                                                                           |  |
| M FD-15A1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                   | 1.11                                                                         |                                                                                                                                                                                            |                            |                                                                                                                                                                                                                                                                                                                                                         | (Signature)                     |                                                                            |                                                                           |  |
| 01 FC:1501 1400.00 OP<br>02 FC:1504 300.00 OP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                                                                                                                                            |                            |                                                                                                                                                                                                                                                                                                                                                         | 12/1/06                         |                                                                            | (Date)                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                                                                                                                                                                                                                                                                                                                          | ····                                                                         |                                                                                                                                                                                            | <u> </u>                   |                                                                                                                                                                                                                                                                                                                                                         |                                 | 2/1/08                                                                     |                                                                           |  |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FILING DATE                                                                                                                                                                                                                                                                                                                       |                                                                              | FIRST NAMED INVEN                                                                                                                                                                          | NTOR                       |                                                                                                                                                                                                                                                                                                                                                         | ATTOR                           | NEY DOCKET NO.                                                             | CONFIRMATION NO.                                                          |  |
| , 10/035.574<br>FITLE OF INVENTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10/18/2001<br>ETRANSITION ENCOL                                                                                                                                                                                                                                                                                                   | DED DYNAMIC BUS CI                                                           | Mark Anders<br>RCUIT                                                                                                                                                                       |                            |                                                                                                                                                                                                                                                                                                                                                         |                                 | )559-481001<br><b>?!!4Z6</b>                                               | 3811                                                                      |  |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SMALL ENTITY                                                                                                                                                                                                                                                                                                                      | ISSUE FEE DUE                                                                | PUBLICATION FEE I                                                                                                                                                                          | DUE I                      | PREV. PAID ISSUI                                                                                                                                                                                                                                                                                                                                        | E FEE                           | TOTAL FEE(S) DUE                                                           | DATE DUE                                                                  |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NO                                                                                                                                                                                                                                                                                                                                | \$1400                                                                       | \$300                                                                                                                                                                                      |                            | \$0                                                                                                                                                                                                                                                                                                                                                     |                                 | \$1700                                                                     | 12/01/2006                                                                |  |
| EXAMINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                   | ART UNIT                                                                     | CLASS-SUBCLASS                                                                                                                                                                             | 5                          |                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                            |                                                                           |  |
| PATHAK, SU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DHANSHU C                                                                                                                                                                                                                                                                                                                         | 2611                                                                         | 375-316000                                                                                                                                                                                 |                            |                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                            |                                                                           |  |
| . Change of correspond<br>"FR 1.363).<br>Change of corresp<br>Address form PTO/SI<br>"Fee Address" ind<br>PTO/SB/47; Rev 03-0<br>Number is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                                              |                                                                                                                                                                                            |                            |                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                            |                                                                           |  |
| . ASSIGNEE NAME A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ND RESIDENCE DATA                                                                                                                                                                                                                                                                                                                 | A TO BE PRINTED ON                                                           | THE PATENT (print (                                                                                                                                                                        | or type                    | )                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                            |                                                                           |  |
| PLEASE NOTE: Unl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | less an assignee is ident                                                                                                                                                                                                                                                                                                         | ified below, no assignee pletion of this form is NO                          | data will annear on t                                                                                                                                                                      | the nate                   | ent. If an assion                                                                                                                                                                                                                                                                                                                                       | ee is ide                       | ntified below, the doc                                                     | rument has been filed fo                                                  |  |
| (A) NAME OF ASSIG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                   |                                                                              | -(B) RESIDENCE: (G                                                                                                                                                                         | -                          | -                                                                                                                                                                                                                                                                                                                                                       | OUNTR                           | (Y)                                                                        |                                                                           |  |
| Intel Corpora                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -Santa Clara, California                                                                                                                                                                                                                                                                                                          |                                                                              |                                                                                                                                                                                            |                            |                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                            |                                                                           |  |
| Please check the appropr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | riate assignee category or                                                                                                                                                                                                                                                                                                        | categories (will not be pr                                                   | rinted on the patent):                                                                                                                                                                     |                            | ndividual 🔀 Co                                                                                                                                                                                                                                                                                                                                          | orporatio                       | n or other private grou                                                    | n entity 🔲 Governmen                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                   |                                                                              | <del></del>                                                                                                                                                                                |                            |                                                                                                                                                                                                                                                                                                                                                         |                                 | -                                                                          |                                                                           |  |
| a. The following fee(s):  Issue Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | are submitted:                                                                                                                                                                                                                                                                                                                    | 41                                                                           | <b>\_</b> -/                                                                                                                                                                               |                            | e first reapply at                                                                                                                                                                                                                                                                                                                                      | ıy previ                        | ously paid issue fee sl                                                    | 10wn above)                                                               |  |
| Publication Fee (No small entity discount permitted)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                   |                                                                              | A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.                                                                                                                   |                            |                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                            |                                                                           |  |
| Advance Order - # of Copies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                   |                                                                              | The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>02-2666</u> (enclose an extra copy of this form). |                            |                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                            |                                                                           |  |
| c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tus (from status indicate                                                                                                                                                                                                                                                                                                         |                                                                              |                                                                                                                                                                                            |                            |                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                            | ***                                                                       |  |
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| NOTE: The Issue Fee an nterest as shown by the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | d Publication Fee (if req<br>records of the United Sta                                                                                                                                                                                                                                                                            | uired) will not be accepted<br>tes Patent and Trademark                      | d from anyone other t<br>Office.                                                                                                                                                           | han the                    | applicant; a regi                                                                                                                                                                                                                                                                                                                                       | stered at                       | torney or agent; or the                                                    | assignee or other party in                                                |  |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Com 6                                                                                                                                                                                                                                                                                                                             | Tell                                                                         |                                                                                                                                                                                            |                            | Data                                                                                                                                                                                                                                                                                                                                                    | 1/2                             | chi                                                                        |                                                                           |  |

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Edwin H. Taylor